FORM E

Use for: A Continuing Education Provider to apply for or renew approval to deliver Board-Approved Supervisor Training Course(s)

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS APPLICATION / RENEWAL FORM FOR SUPERVISOR TRAINING COURSE PROVIDER

PLEASE PRINT OR TYPE

	-		•			ch driver's license)	
Title (circle	ŕ			Prof. Other			
Last:				First:		Middle:	
Provider N	Vame:					Provider Number	er (if renewal):
Business A	Address: Street	/P.O. Box		Ci	ty	State	ZIP
Business P	Phone No.:			E	xt		
Business E	Email Address:				Business Web	osite:	
<u>-</u>	Course t	o prepare Sup o prepare Sup	pervisors of LI pervisors of LI	MSWs working to	working toward ward Licensed C	Independent Practice Re Linical Social Worker De	signation
After appr	roval, the abo	ve informatio	on will appea	r on Board's web	osite in a listing	of Approved Supervisor	Training Providers.
						t this forms (why a course	
	-					t this form (plus course nstructions on Form D.	curricula) along with Form D
	,				TIDAVIT		
т			homo				that
I,	(name of indiv	idual)	, nere	by ceruly as a p	rincipai oi	(provider name)	mat
• F in fice	www.hhsc.stat comply with a	e.tx.us/socialv Il applicable AC, \$781.402 AC, \$781.404 AC, \$781.511 AC, \$781.516 AC, \$781.517 noffered by t 2 TAC, \$\$781 noffered by t n's subject m shall be resp l completion of set forth in 2 on of complia	work. A printed laws and rule Clinical Super Recognition of Requirements Requirements Evaluation of this provider L.511 and 782 this provider matter, current consible for votation of the program 22 TAC, \$782 nce with 22 TAC,	ed copy may be of es, including but ervision and No as a Board-appros for Continuing It is of Supervisor Train for board-appros 1.516 as well as a shall be develop at minimum courserifying attendam, and providing 1.511; and FAC, §§781.511	btained by contact not limited to: on-Clinical Superved Supervisor of Education Provide aining Course Proved credit hours meet current mixed and presentes requirements nee at each proggeach participat and 781.516 as	rvision, and the Supervision Products, broviders, and viders; s shall comply with the commum course requirement by persons who are at a same and training technique gram, assuring that the nt with a completion certain.	tand that I must observe and cess, exiteria ments; appropriately knowledgeable es; licensee receives credit only rtificate that conforms to m course requirements —
			d a list of su	bcontractors —	shall be maintai	ned for at least three y	ears and made available to
L	the Board up	m request.					
			Signatur	re of Applicant		Date	

If you already have a current, active CE Provider Number, mail this form (and, if applicable, course curricula) to:

Texas State Board of Social Worker Examiners P.O. Box 149347, Mail Code 1982 Austin, Texas 78714-9347

DSHS Publication #: 77-10443 Revised 7/2015



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)